

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 591196

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4		3					
5							
6							
7		6					
8							
9							
10							
11		3					
12							
13							
14	1		1				
15							
16							
17							
18							
19							
20							
21							
22			7				
23							
24			1				
25							
26							
27			1				
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29			1				
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49							
50							
TOTAL IND.			6				
TOTAL DEP.			22				
TOTAL CLAIMS			28				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							